

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		6/24/99
O.I.P.E. CLASSIFIER	DW	32	6/30
FORMALITY REVIEW	GW	64850	7-7

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral)...	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Original	Date
1	1	1/30
2	2	1/30
3	3	1/30
4	4	1/30
5	5	1/30
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50	50	1/30

Claim	Date
Final Original	
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Claim	Date
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**If more than 150 claims or 10 actions
staple additional sheet here**

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